

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO:

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	2			1		
4	1			1		
5	1			1		
6	1			1		
7	1			1		
8	1		1			
9	1		1			
10	1		1			
11	2			1		
12	1			1		
13	1			1		
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38	1			1		
39	1		1			
40	1			1		
41	1			1		
42	2			1		
43	1			1		
44	1			1		
45	1			1		
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TOTAL IND.		↓	10	↓		↓
TOTAL DEP.		←	36	←		←
TOTAL CLAIMS			46			

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
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99						
100						
TOTAL IND.		↓			↓	
TOTAL DEP.		←			←	
TOTAL CLAIMS						

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